

PHASE 2 – MEDICAL DATA

DOCTOR NAME GRADE DATE / TIME	PLACE PATIENT ID STICKER HERE
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HISTORY – *Significant history not recorded in Phase 1 including previously suspected legionella*

DRUG HISTORY - <i>With doses</i> ALLERGIES Yes / No	PAST MEDICAL HISTORY Diabetes / Cancer / Alcohol XS / Chronic illness / Immunosuppression / Renal disease / IHD / AF OTHER
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EXAMINATION

GENERAL IMPRESSION looks well / flushed appearance / generally weak / looks toxic / delirium

CVS

RS

GIT

CNS / PNS

INVESTIGATIONS & RESULTS Blood results – <i>sign laboratory reports and write in below any significant abnormal results</i> FBC Biochemistry Urinalysis Dipstick findings if done Sent for urinary antigen Yes / No by A&E / GP CXR - Normal / lobar / multilobar / Pleural effusion / Bronchopneumonia ECG indicated Yes / No ABG indicated Yes / No Time sent FiO2 Further investigations according to differential diagnoses:	LEGIONELLA RISK SUMMARY & NOTIFICATION PATHWAY Patient admitted / discharged 1 Legionella clinically diagnosed or suspected 2 Legionella remains clinically possible 3 Clinically excluded (state alternate diagnosis) 1 and 2 copy proforma to Public Health at FGH 1 – 3 if patient discharged copy with patient for GP ALTERNATIVE DIAGNOSIS POSSIBLE? Yes/No (Write differential diagnoses)
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PHASE 3 – MANAGEMENT

PLACE PATIENT ID STICKER HERE

1) PATIENT ADMITTED

TIME OF DECISION TO ADMIT	
OXYGEN – AMOUNT/ METHOD OF DELIVERY	
LARGE IV CANNULA SITED	Yes / No
PRESCRIBE ANTIBIOTICS & COMPLETE PRESCRIPTION CHART	
Clarithromycin 500mg BD (if IV give in 250mls or 500mls of 0.9%NaCl over 1 hour) AND Rifampicin 300mg BD (oral where possible)	
NOTE - If patient is Clarithromycin intolerant prescribe Ciprofloxacin 500mg BD PO OR 400 mg BD IV) - Check any interactions	
PRESCRIBE ANTIPYRETICS	Yes / No
ARE ANALGESICS REQUIRED?	Yes / No
IV FLUIDS PRESCRIPTION – start with 0.9% NaCl + 20 mmol KCl / litre	Yes / No
ALTERNATIVE DIAGNOSIS POSSIBLE? Yes/No (Write treatment required for other conditions and continue in detail on casualty card or admission sheets of appropriate specialty)	

2) PATIENT DISCHARGED

TIME OF DECISION TO DISCHARGE	
PRESCRIBE ANTIBIOTICS	
Erythromycin 500mg 6 hourly X 10 days OR Ciprofloxacin 500mg 12 hourly x 10 days	
GIVE PATIENT DISCHARGE LEAFLET	Yes / No
REVIEW ARRANGED	Yes / No
TYPE	A&E / Medical clinic / GP

SIGNATURE	DATE / TIME
GRADE	